

Providing Adolescent Health Services: Opportunities and Challenges

Jodi Wegner, MSN, APRN
Clinical Consultant Nebraska Reproductive Health



Objectives

- Recognize and understand the need for adolescent health services
- Recognize barriers to care for adolescents
- Identify approaches to address adolescent health concerns and recognize at least two ways to improve health care interactions
- Identify national guidelines and recommendations related to adolescent health care

Healthy People 2020

- Increase the proportion of adolescents who have had a wellness checkup in the past 12 months
 - 68.7% adolescents aged 10-17 had a wellness check in 2008
 - Goal: 10% Increase=75.6

Routine vs Preventive

- Often used indifferently
- Routine typically done to manage current problems and identify other problems before they present.
These are more of a “health maintenance” exam
- Routine *should* include preventive
- May have preventive encounters without an exam
- Overall goal of a preventive exam:
 - Identification of “Preventable” problems the adolescent is at risk of and how to assist them with modifying lifestyle choices and behaviors to prevent them

Why Provide Services To Adolescents

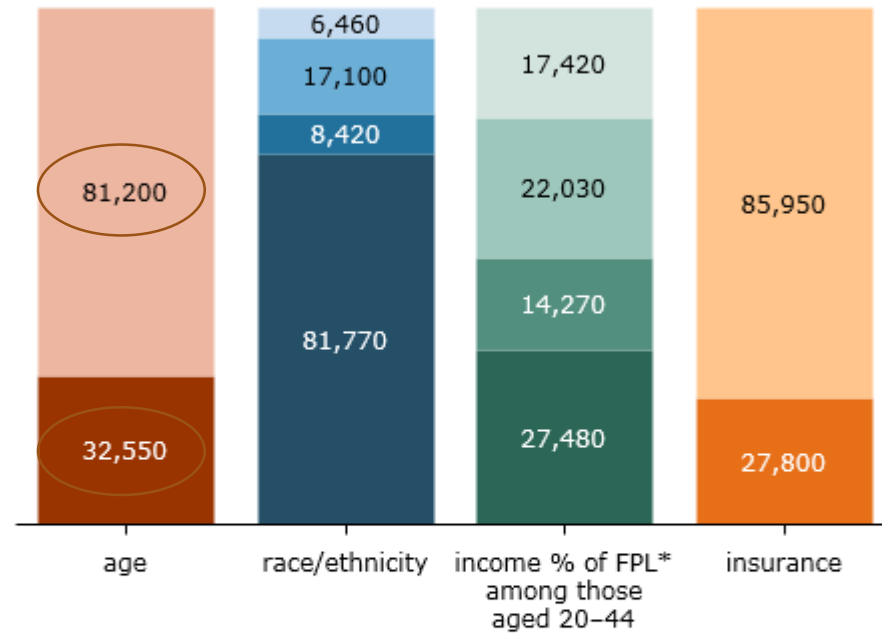
- Unintended pregnancy
- Sexually transmitted infections
- Violence
- Suicide
- Alcohol, tobacco, and other drug use
- Reduce death and disease, now and in the future

So Where Is Nebraska?

- Why do we do what we do? Is there a need?*
- Are we making a difference?*
- Are we reaching at risk populations?*

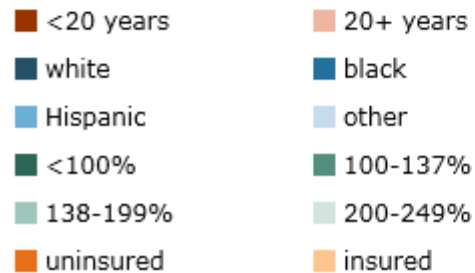
Diversity of Need: Nebraska

Demographic characteristics of the 113,750 women in need of publicly supported family planning services in Nebraska in 2012

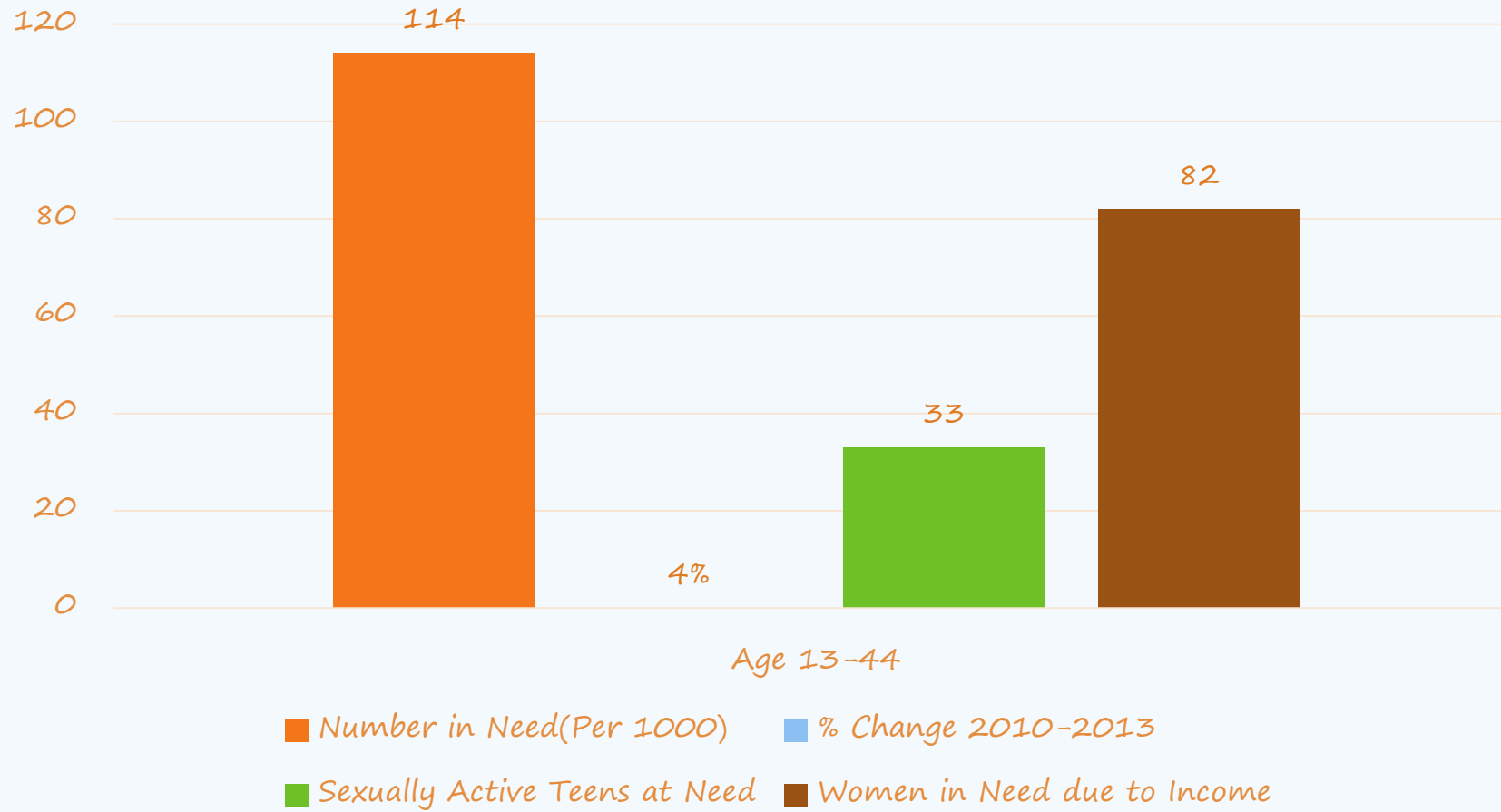


*FPL = federal poverty level

www.guttmacher.org



Number In Need Of Publicly Funded Health Services Nebraska-2013



Who Is Sexually Active In Nebraska

- Had Sexual Intercourse Before The Age Of 13
- Females: 1.8%
- Males: 6.3%
- Were Currently Sexually Active (within 3 months of study):
- Females: 25.4%
- Males: 26%

• Nebraska Youth Health Risk Behavior Survey, 2013

Who Is Sexually Active In Nebraska

- Had Ever Been Sexually Active:
- Females: 35.4%
- Males: 35.2%

Nebraska Youth Health Risk Behavior Survey, 2013

Who Is Preventing Pregnancy In Nebraska

- Did Not Use Any Method To Prevent Pregnancy:
 - Females: 15.9%
 - Males: 8.8%
-
- Nebraska Youth Health Risk Behavior Survey, 2013

Unintended Pregnancy Prevention

Outcomes prevented in [Nebraska](#) as a result of publicly funded services

	Year	All health centers	Title X centers
Unintended pregnancies	2012	6,900	6,100
Teen pregnancies	2010	1,600	1,400
Unplanned births	2012	3,400	3,000
Abortions	2012	2,400	2,100
Short IPI births	2010	1,070	940
Preterm/LBW births	2010	570	500

But Are We Improving?

Nebraska Pregnancy Rate in Women Aged 15-19 per 1000



Are Family Planning Services Making A Difference?

- YES!!!

Change in Teen Birth Rate

Change in rate to females
aged 15-19 (1991 to
2013)

Nebraska

-41%

United States

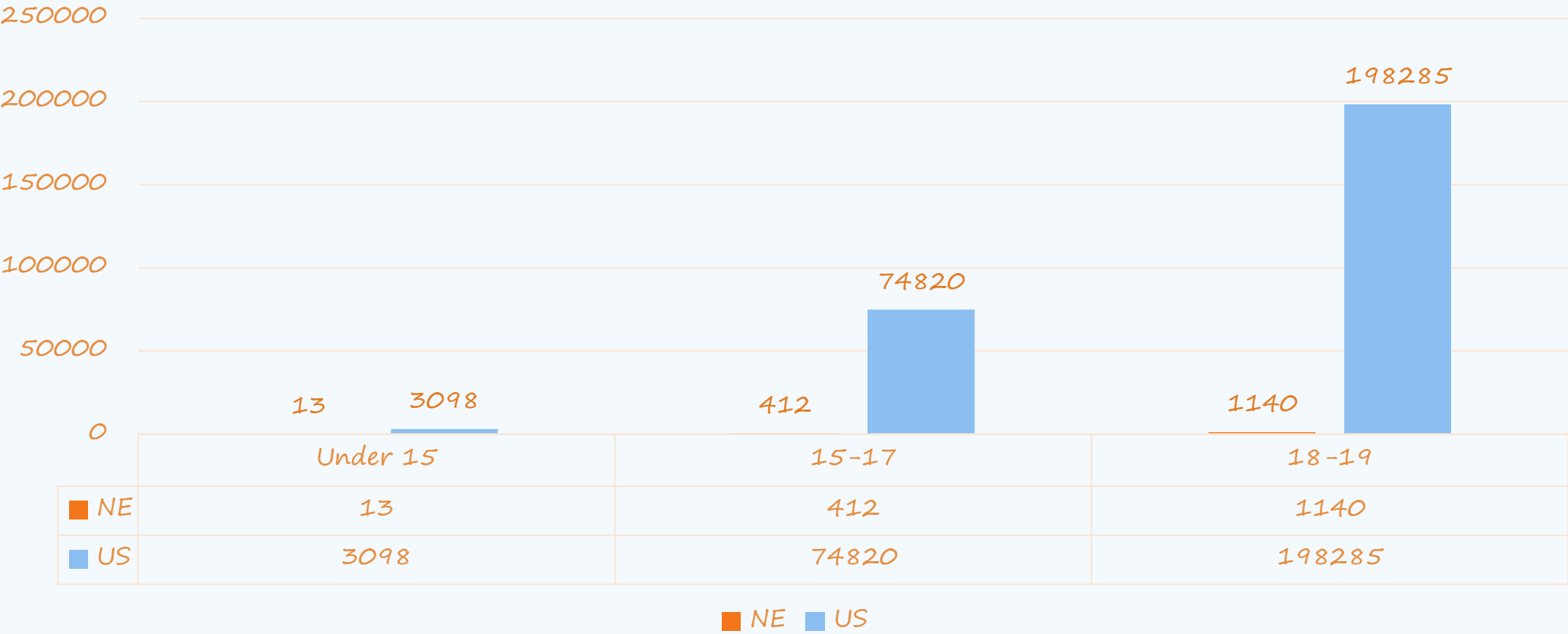
-57%

Change in rate to females
aged 15-19 (2012 to
2013)

-7%

-10%

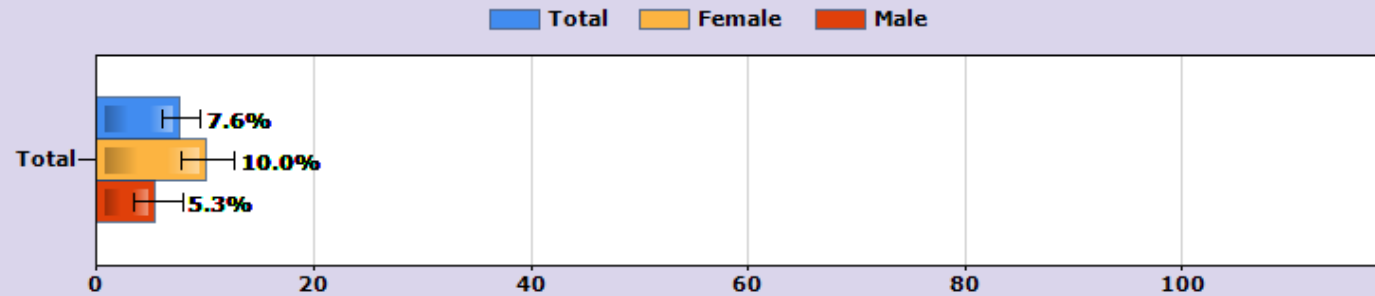
Number Of Births In Nebraska 2013



Experienced physical dating violence

(one or more times during the 12 months before the survey, including being hit, slammed into something, or injured with an object or weapon on purpose by someone they were dating or going out with among students who dated or went out with someone during the 12 months before the survey)

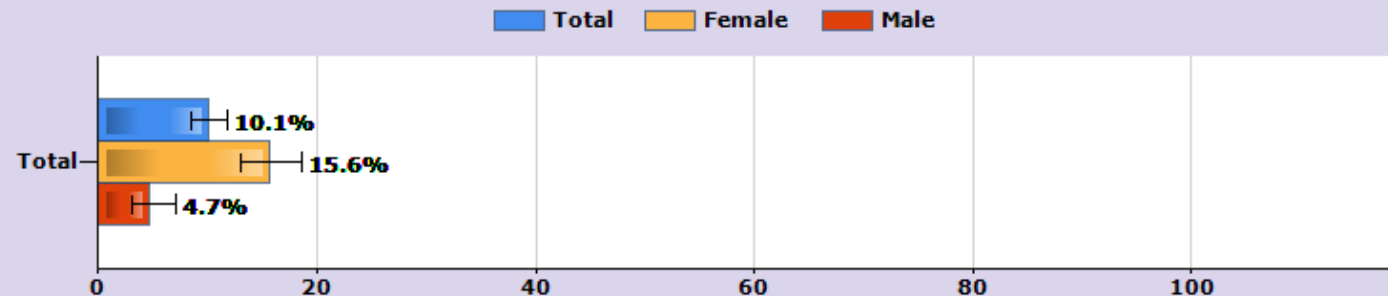
Nebraska, High School Youth Risk Behavior Survey, 2013



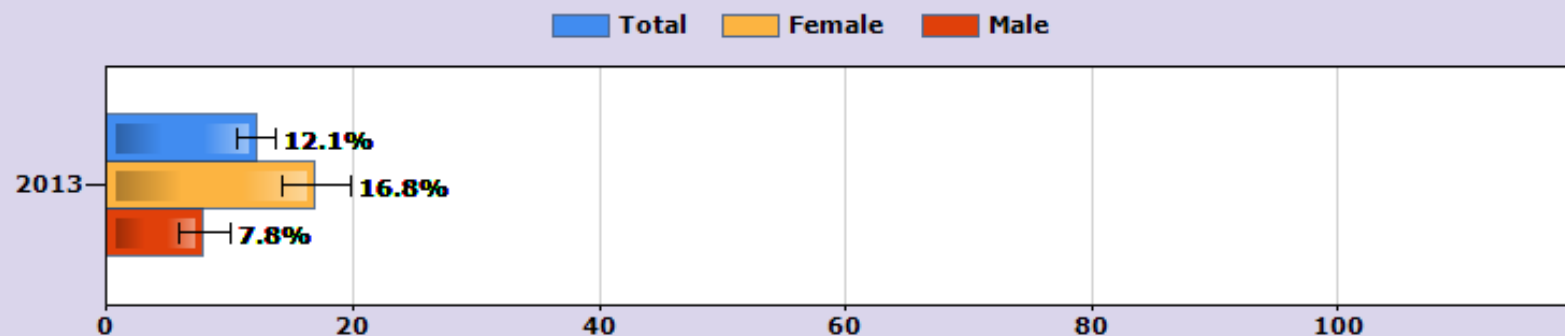
Experienced sexual dating violence

(one or more times during the 12 months before the survey, including kissing, touching, or being physically forced to have sexual intercourse when they did not want to by someone they were dating or going out with among students who dated or went out with someone during the 12 months before the survey)

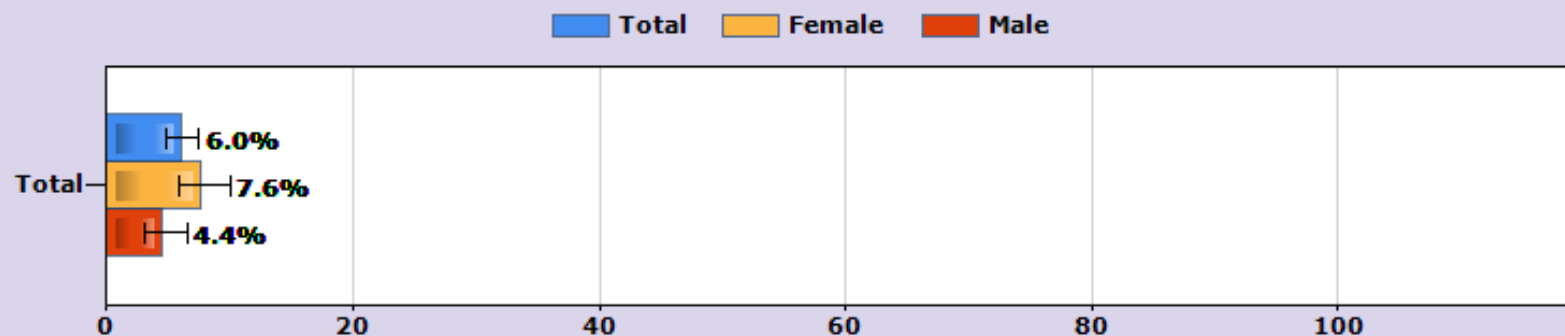
Nebraska, High School Youth Risk Behavior Survey, 2013



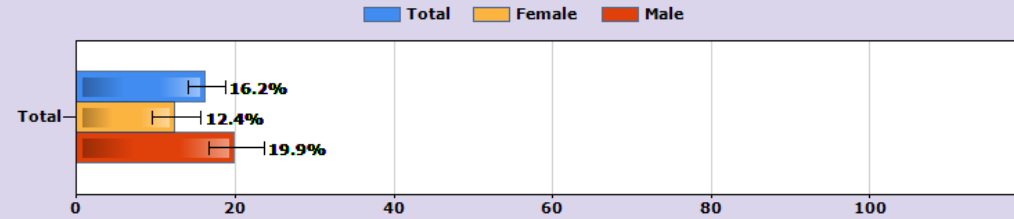
Seriously Considered Attempting Suicide
(during the 12 months before the survey)
Nebraska, High School Youth Risk Behavior Survey, 2013



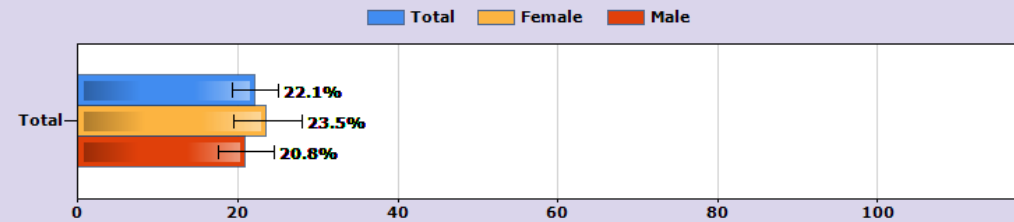
Attempted suicide
(one or more times during the 12 months before the survey)
Nebraska, High School Youth Risk Behavior Survey, 2013



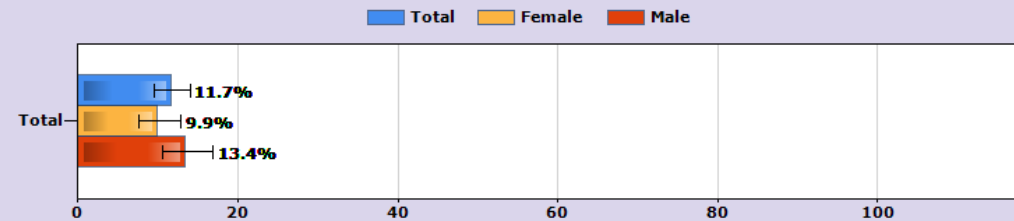
Currently used tobacco
(current cigarette use, current smokeless tobacco use, or current cigar use)
Nebraska, High School Youth Risk Behavior Survey, 2013



Currently drank alcohol
(at least one drink of alcohol on at least 1 day during the 30 days before the survey)
Nebraska, High School Youth Risk Behavior Survey, 2013



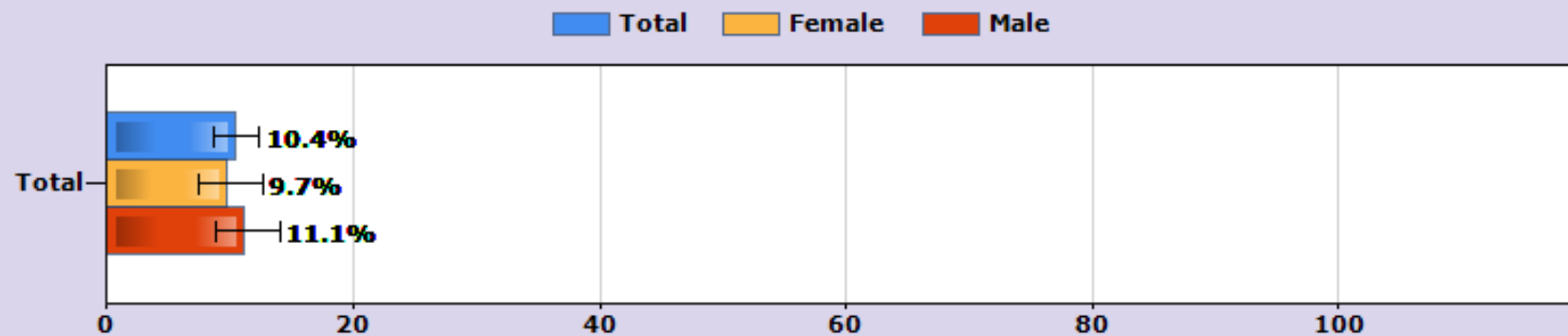
Currently used marijuana
(one or more times during the 30 days before the survey)
Nebraska, High School Youth Risk Behavior Survey, 2013



Ever took prescription drugs without a doctor's prescription

(such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax, one or more times during their life)

Nebraska, High School Youth Risk Behavior Survey, 2013



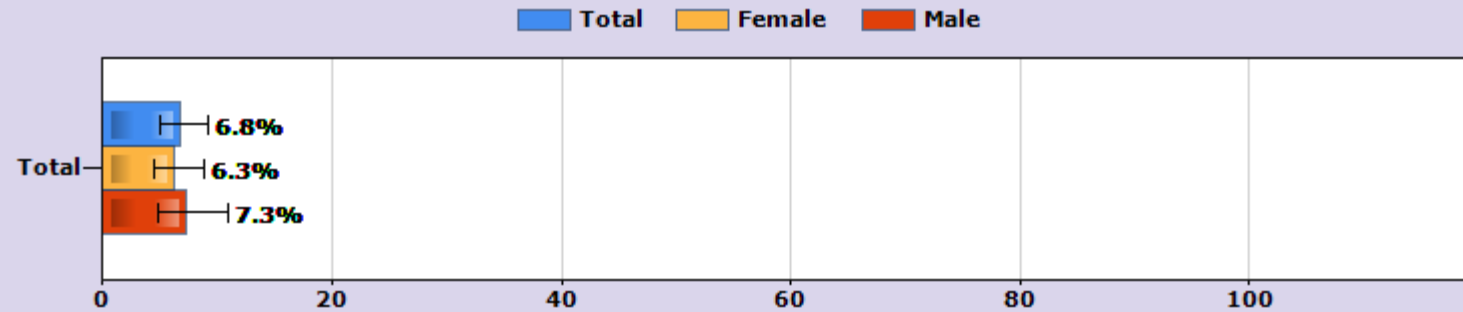
Prescription Drug Abuse

- Availability
 - Access
 - Awareness
 - Attitude
-
- National institute on Drug abuse website:
<http://www.drugabuse.gov/>

Drove when drinking alcohol

(one or more times during the 30 days before the survey, among students who had driven a car or other vehicle during the 30 days before the survey)

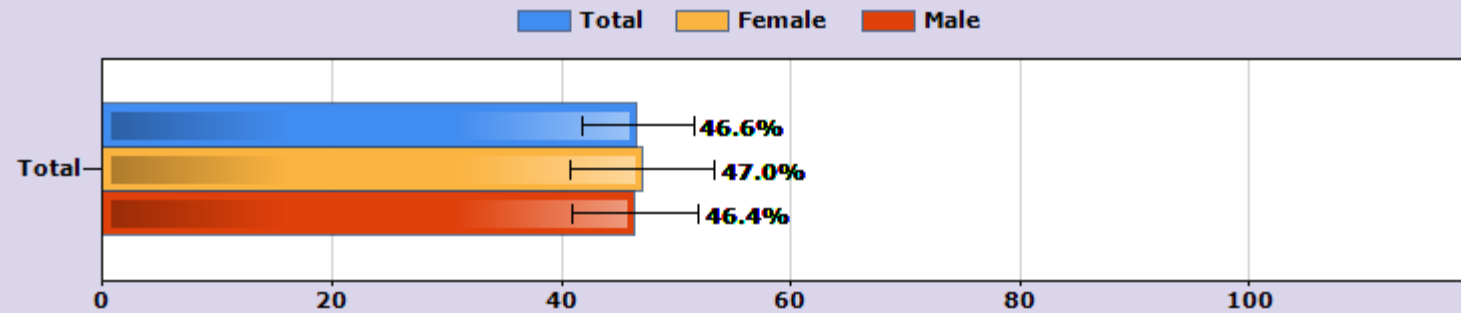
Nebraska, High School Youth Risk Behavior Survey, 2013



Texted or e-mailed while driving a car or other vehicle

(on at least 1 day during the 30 days before the survey, among students who had driven a car or other vehicle during the 30 days before the survey)

Nebraska, High School Youth Risk Behavior Survey, 2013





Who Is The Adolescent Patient

Early Stage: 11-14

Middle Stage: 15-17

Late Stage: 18+

What Do Adolescents Need

- Information and skills
- Safe and supportive environment
- Health and counseling services
- Services that go beyond sexual and reproductive health to address full range of adolescents health and behavior needs

5 Essentials For Healthy Adolescents

- Positive relationships with supportive people
- Safe and secure places
- Access to high quality health care, which is teen friendly
- To have opportunities to engage in the community
- Adolescent and family centered health services on a continuous basis

The Culture of Adolescence

- Peer Dependent
- Egocentric
- Distinct language and dress
- Popular culture influence
- Ongoing search for identity

Barriers To Care

- Personal beliefs of the provider
- Provider skills
- Finances
- Inconvenient locations and hours
- Cultural and linguistic barriers
- Fear of clinic not maintaining confidentiality
- Financial

Clinical Preventive Services

- Avert or delay the onset of various medical and psychological issues, or identify them in an early stage
- Clinicians and adolescents are accustomed to acute, problem focused care
- It is important that EVERY health-care provider is competent in adolescent care
- Clinicians frequently report lack of time as a barrier

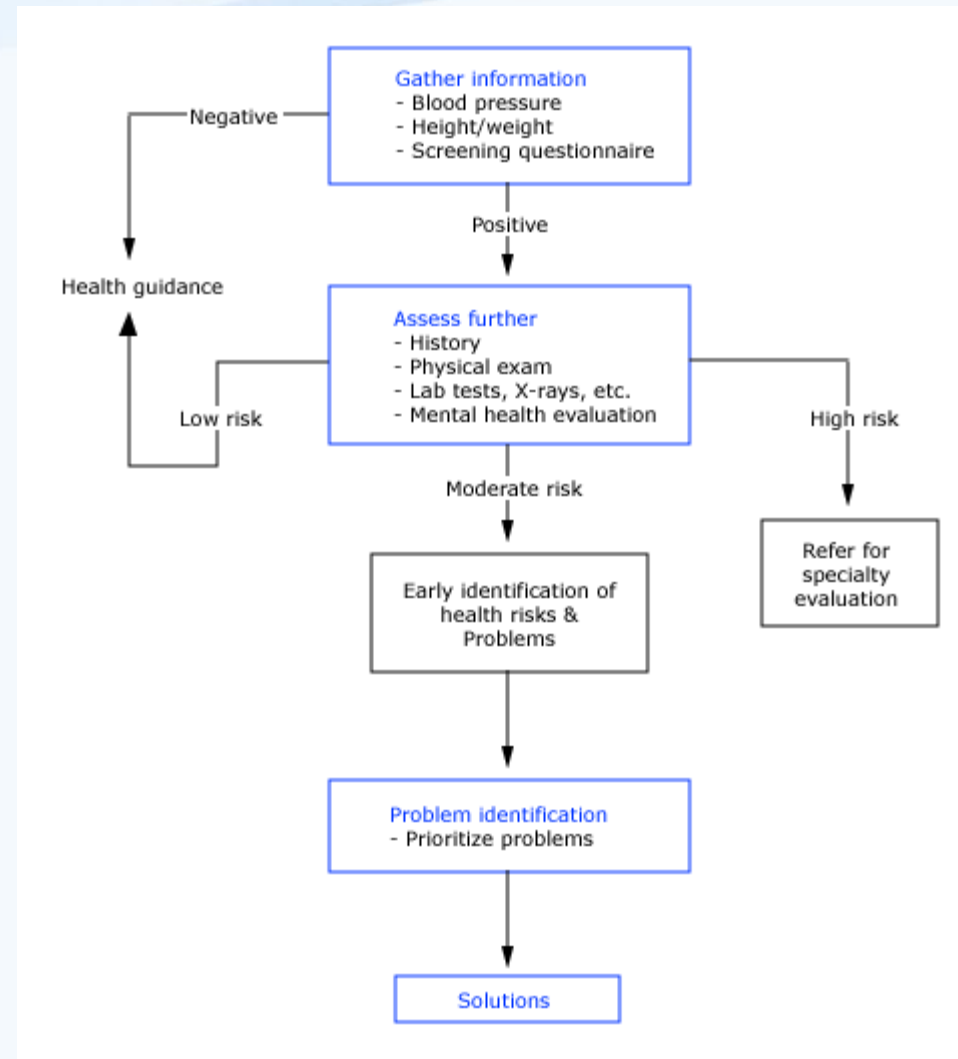
Most Common Clinical Preventive Services Being Delivered To Adolescents

- Immunizations
- Screening for mental health issues
- Screening for a wide range of health issues
- Education and counseling

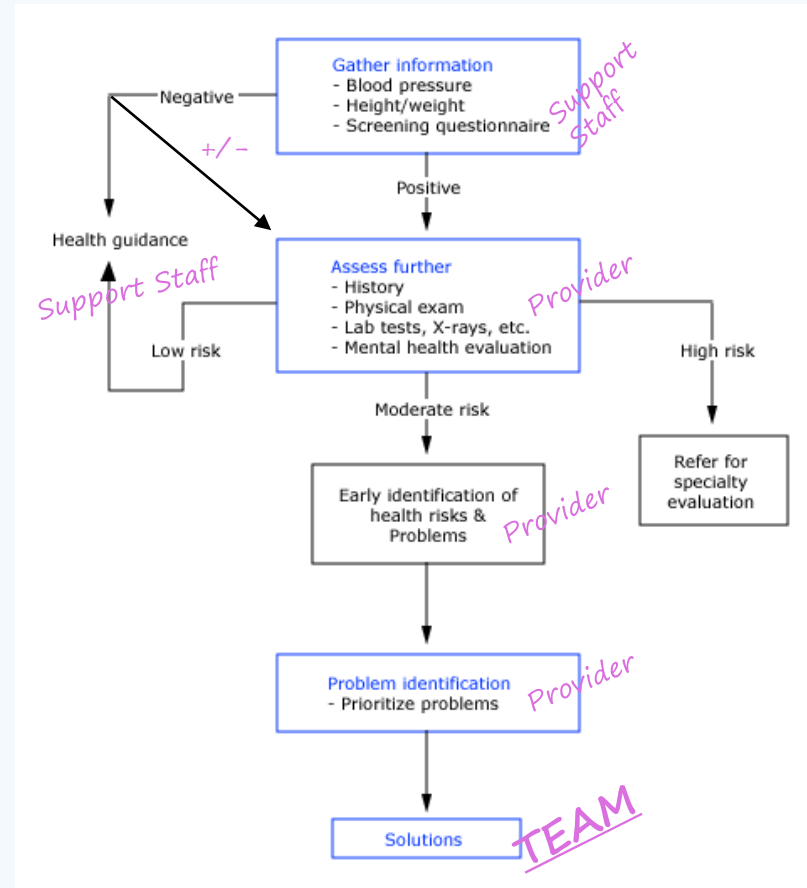
Ideal Initial Office Visit

- Initial consultation with the client, and when appropriate the parent(s)/guardian
- Confidential visit between the health care provider and the client
- Concluding conversation with the client and parent(s)/guardian after, history obtained, exam performed(if necessary), and treatment options have been discussed with the client

Organizing The Preventive Evaluation



Organizing The Preventive Evaluation



Initial Exam

- Dependent on the individual's need, medical history, physical and emotional development, and the level of care they are receiving from other providers
- Age appropriate discussions and anticipatory guidance about reproductive health topics
- Discuss confidentiality, including State Laws on mandatory reporting

Content Of The Visit

- Major guidelines recommend screening and providing education for:
 - Depression
 - Eating disorders
 - Hypertension
 - Sexual behaviors and sexually transmitted infections
 - Suicide risk
 - Tuberculosis
 - Behavioral risk factors
 - Abuse

Sexual And Reproductive Health Questions

- Source of information
- Sexual Conduct
- History of infections
- Protective or risk behaviors
- Condom use
- Characteristics of current and past partners
- Knowledge of sexual and reproductive health services
- Understanding of sexual and reproductive health outcomes
- Reproductive life plan

Frequency Of Exams

- Yearly contacts, through primary prevention efforts, so that they take place before behaviors begin
- Even when adolescents present for preventive care, studies suggest content of visit, rarely meets National Standards
- The potential to improve adolescent health through preventive care, is very dependent on how recommendations are utilized by health care providers, health plans, and policy makers

The Physical Exam

- Components vary depending on client, their concerns, and previous encounters with providers
- Initial visit does not include an internal exam, unless indicated by history
- For sexually active clients, chlamydia and gonorrhea screening is recommended. HIV is recommended at *least* once
- Pelvic exams for symptomatic patients
- Paps and routine pelvic exams beginning at 21
- Consultation following exam to discuss findings, diagnosis and treatment options

National Guidelines

- Over past decade, many national organizations have developed practice guidelines, supporting the provision of clinical preventive services to adolescents
- Guidelines help to assist provider in making recommendations for a schedule of preventive health services
- Most national organizations recommend preventive health visits every 1–2 years, or more frequently for adolescents with risk factors
- Initial visit ideally is between the ages of 13 and 15

Integration of Comprehensive Adolescent Preventive Services Into Routine Exams

- Needs assessment
- Clinic readiness to make a change
- Identify roles and responsibilities
- Identify set of preventive guidelines for clinic to use
- Develop procedures and policies
- Provide staff training and preparation
- Identify and promote mechanisms to maximize reimbursement
- Establish school and community referral sources

How Do We Improve Our Delivery System?

- Manual and computerized prompting systems
- Screening questionnaires
- Development of specific policies for the role of all office staff
- Printed information/brochures
- Provide “Adolescent-Friendly” services

Adolescent-Friendly Services

- Establish a comfortable, confidential, safe space, maintained by office staff and providers
- Communicate respectfully and appropriately
- Adolescent specific
- Accessible
- Affordable
- Confidential
- Flexible scheduling
- Comprehensive services

TAG

- Think, Act, Grow
- National Call to action to improve health, reduce risky behavior, and promote healthy development of adolescents
- Through the Office of Adolescent Health
- Information and resources: www.hhs.gov/ash/oah/TAG

QUESTIONS?

